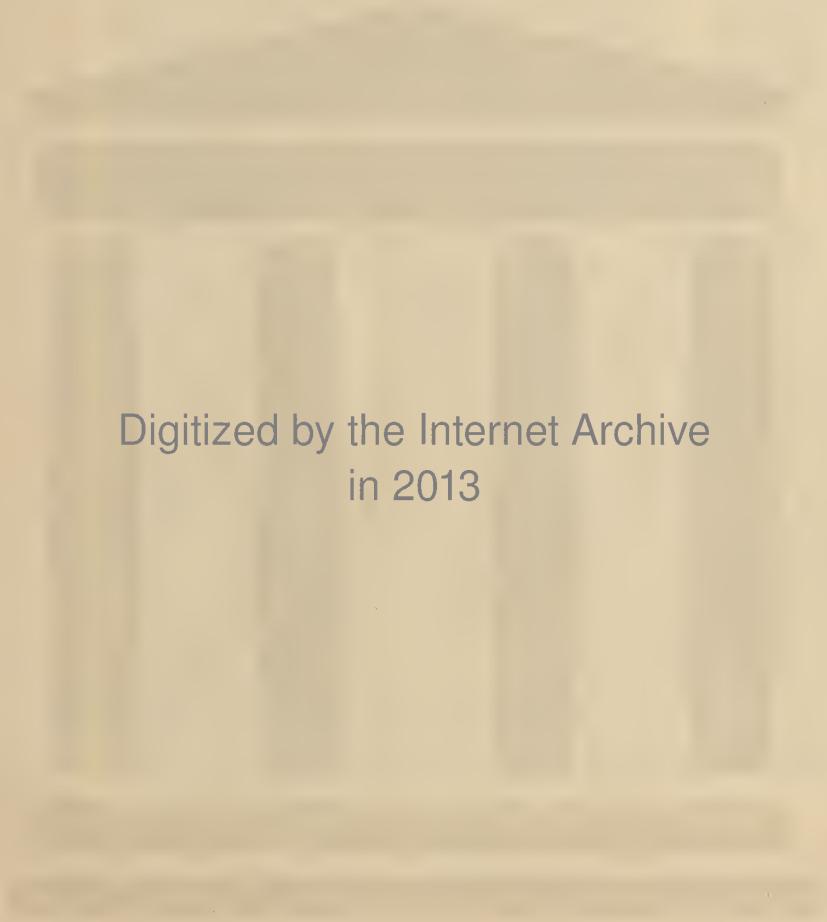


Harvard University
Library of
The Medical School
and
The School of Public Health



The Gift of



Digitized by the Internet Archive
in 2013

<http://archive.org/details/harvardmedical121harv>



Harvard Medical Alumni Bulletin

Volume 21, Number 1

October, 1946

GRADED ACTION

To suit the needs of your patients



APERIENT

LAXATIVE

CATHARTIC

A Product of BRISTOL-MYERS COMPANY . 19 West 50th Street, New York 20, N.Y.

9954
27

Old Way . . .

CURING RICKETS in the CLEFT of an ASH TREE

FOR many centuries,—and apparently down to the present time, even in this country—rickettic children have been passed through a cleft ash tree to cure them of their rickets, and thenceforth a sympathetic relationship was supposed to exist between them and the tree.

Frazer* states that the ordinary mode of effecting the cure is to split a young ash sapling longitudinally for a few feet and pass the child, naked, either three times or three times three through the fissure at sunrise. In the West of England, it is said the passage must be "against the sun." As soon as the ceremony is performed, the tree is bound tightly up and the fissure plastered over with mud or clay. The belief is that just as the cleft in the tree will be healed, so the child's body will be healed, but that if the rift in the tree remains open, the deformity in the child will remain, too, and if the tree were to die, the death of the child would surely follow.



*Frazer, J. G.: *The Golden Bough*, vol. 1, New York, Macmillan & Co., 1923

It is ironical that the practice of attempting to cure rickets by holding the child in the cleft of an ash tree was associated with the rising of the sun, the light of which we now know is in itself one of Nature's specifics.

New Way . . .

Preventing and Curing Rickets with MEAD'S OLEUM PERCOMORPHUM

NOWADAYS, the physician has at his command, Mead's Oleum Percomorphum, a Council-Accepted vitamin D product which actually prevents and cures rickets, when given in proper dosage.

Like other specifics for other diseases, larger dosage may be required for extreme cases. It is safe to say that when used in the indicated dosage, Mead's Oleum Percomorphum is a specific in almost all cases of rickets, regardless of degree and duration.

Mead's Oleum Percomorphum because of its high vitamins A and D content is also useful in deficiency conditions such as tetany, osteomalacia and xerophthalmia.

COUNCIL-ACCEPTED: Oleum Percomorphum With Other Fish-Liver Oils and Vios-terol. Contains 60,000 vitamin A units and 8,500 vitamin D units per gram and is supplied in 10 c.c. and 50 c.c. bottles; and in bottles containing 50 and 250 capsules.

MEAD JOHNSON & COMPANY, EVANSVILLE, INDIANA, U.S.A.



In severe leukopenia,

"Pentnucleotide . . .

The authors amplify this statement by specifying the rapid improvements in the leukopenic blood picture which are usually produced by the administration of PENTNUCLEOTIDE:

**may cause
remarkable
improvement"***

- 1** "Bone marrow puncture reveals improvement even before the peripheral blood picture has altered."
- 2** "...immature granulocytes and monocytes begin to appear in the peripheral blood..."
- 3** "...the total leukocyte count rises... and values of 15,000 to 20,000 per cubic mm. are not unusual within a week or two..."

*Goodman, L. and Gilman, A.: *The Pharmacological Basis of Therapeutics*, N. Y., MacMillan, 1941, p. 1147.

PENTNUCLEOTIDE

**A Mixture of the Sodium
Salts of
Pentose Nucleotides for
Intramuscular Use**



**Smith, Kline & French
Laboratories, Philadelphia, Pa.**



Medical School Notes



ETHER DAY

There are few institutions in this country that can claim a one hundredth anniversary of any sort and there are even fewer which can claim a one hundredth anniversary of a significant discovery, indicating that a century ago the institution was not just a struggling infant but was instead a thriving and healthy adult.

Such an institution is the Massachusetts General Hospital and such an anniversary is its current centennial celebration of the first public demonstration of ether anesthesia.

This celebration is in progress as this issue of the BULLETIN goes to press and by the time these lines are in the hands of our readers, the one hundredth anniversary of the first public demonstration of ether anesthesia will have taken its place as an important landmark in the history of American science.

The celebration is to be a three-day affair, including symposia on scientific and medical subjects. These symposia are to be held in a large tent placed on the lawn in front of the Bulfinch building. The public and all interested lay people are asked to attend; the subjects of the various symposia are as follows: Surgery, Degenerative Diseases, Anesthesia, Physiologic Aspects of War Wounds and a sociologic seminar on "The Hospital in the Community." On Monday evening a dinner will be held at the Copley Plaza for the Alumni of the Massachusetts General Hospital and on Wednesday night, in Sanders Theater in Cambridge, will be held the official evening exercises which mark the centennial itself. At this Sanders Theater evening meeting the Right Rev. Henry K. Sherrill will preside. Dr. Henry K. Beecher, Dorr

Professor of Research in Anesthesia, will speak on "The Emergence of Anesthesia's Second Power." Dr. Evarts Graham, Bixby Professor of Surgery at Washington University, will discuss "The Influence of the Discovery of Ether on the Development of Surgery." Dr. Raymond B. Fosdick, President of the Rockefeller Foundation, will talk on "The Need for Wider Research." Dr. Karl T. Compton, President of Massachusetts Institute of Technology will speak on "Medical Interests in Radioactivity from Becquerel to Bikini."

This celebration is the product of long and detailed planning by the Ether Day Committee at the Massachusetts General Hospital. It is an appropriate and fitting ceremony which again calls to mind the fact that teaching and research are as important in a hospital as they are in a medical school. Certainly this discovery of 1846, made by members of the Harvard faculty working in its chief clinical teaching institution, has more profoundly influenced the course of modern medicine and the care of patients than any other discovery made in the history of American medicine.

THE STUDENT BODY

Postwar transition can almost be referred to in the past tense. A Medical School class has now started in the fall and can look forward to four untroubled years of medical school with a few summer vacations thrown in.

On September 20, 1946, the present First Year Class registered and on September 23 they started their medical studies. The registration procedure was somewhat unique this year in that the usual "plat-

tudinous Dean's address" (we quote Dr. Burwell) was omitted and in its stead the students were given a clinic at which a patient was shown and discussed. In this way, the students' first medical school experience dealt with a sick patient, his problems, and the solutions thereto. The patient was an individual with a patent ductus arteriosis who had had subacute bacterial endarteritis treated with sulfadiazine and surgery. The patient had been cured by these maneuvers and in regaining the status of a healthy person had solved a difficult family situation. The patient provided a miniature compendium of many of the problems of present-day medicine and served as a fitting introduction for the First Year Class.

HOUSING

What to do with medical students after they have arrived, however, remains somewhat of a problem due to the acute shortage of housing in this area.

In a recent issue of the BULLETIN the problem of housing of medical students was brought up and the statement was made that Harvard University was entering into negotiations to purchase the Hotel Brunswick. It seemed fitting to comment at that time—in the hope that Santa Claus would soon be there—that the Hotel Brunswick was peculiarly well situated for the housing of married medical students.

Whether or not as a result of this hope of last spring, the Brunswick is now a going concern. It can house 114 couples without children at \$65.00 a month not including meals or \$140.00 a month including two meals a day. Each living unit consists of two rooms and bath and is rented by academic terms. This housing arrangement is run by the University and is not exclusively for veterans. It is stated by Harvard that it will be used for various departments of the University especially medical and public health students. The situation of the Hotel Brunswick is practically ideal from the point of

view of the medical students, with the possible exception of the fact that it is in a busy section of the Back Bay district. However, it is about equi-distant in point of time from the Massachusetts General Hospital and from the Medical School and the student can reach his classes or clinical exercises with great ease.

Fort Devens is also being utilized by the University for housing, but due to its geographical situation will be much less useful to the Medical School than the Brunswick.

Vanderbilt Hall, long a stand-by for the housing of medical students, but of little help in the present crisis when so many of the returning veterans are married and, therefore, ineligible for Vanderbilt, is in the way of getting a much needed house-cleaning. A Vanderbilt Hall committee, appointed in May of 1946 consists of Mr. John Avery, Student Council, Dr. Walter Bauer, Dr. Henry K. Beecher, Dr. F. Sargent Cheever, Secretary, Dr. John T. Edsall, Dr. Dale G. Friend, Dr. Alexander Marble, and Dr. T. Hale Ham, Chairman. Their job is to recommend to the faculty a re-organization of Vanderbilt Hall to provide for better living and eating conditions for the students. Vanderbilt Hall has been the scene of a shifting policy dictated by the necessities of war and postwar transition. The question remains unanswered as to whether Vanderbilt Hall constitutes a good educational influence for the Medical School, a bad influence, or whether it is merely a neutral living accommodation. Needless to say, the purpose of this Committee is to try to make Vanderbilt Hall an important and integral part of the educational plan of the Medical School.

At a meeting of the Faculty and Administrative Board on Friday, October 4, the recommendations of the Vanderbilt Hall Committee were passed in principle and given a vote of confidence. In broad outline, these plans call for a faculty member to live in residence in

Vanderbilt Hall and give to the Hall some of the prestige and dignified atmosphere which will come from having one of the senior members of the faculty in residence. Secondly, the Committee wishes to carry out measures which will increase the social, cultural, scientific, and athletic interests of the men living in Vanderbilt Hall. The concept here could be broadly classified as a desire to make Vanderbilt Hall a more pleasant and more stimulating place for medical students to live. Thirdly, the hope is to designate one section of Vanderbilt Hall for women medical students when the plans are drawn up for a faculty member in residence. And, lastly, the Committee plans to suggest measures which will place the dining hall facilities of Vanderbilt on a sounder basis. The quality of the food and service in the main dining hall should be improved so that the faculty will again want to eat there. The feeling is generally expressed that hospital cafeterias in the Boston area can supply excellent food to their visiting staff and students and there is no reason why the Medical School dining hall should fall short of this mark.

The housing situation at the Medical School can be statistically summarized as follows:

1) Population of the School

Married male students	90
Married female students	2
Single male students	405
Single female students	16
Total	513

2) Student Housing

Living in Vanderbilt	346
Living at home	38
Living outside	106
Total	490

3) Students receiving rooms in exchange for employment at the Medical School

23

There are 18 people on the waiting list for Vanderbilt Hall, 14 of whom are medical students. It is hoped that by the middle of October all of these will be taken care of adequately.

STATISTICS

While we are on statistical subjects it might be of interest to see an analysis of the present composition of the Medical School and School of Dental Medicine according to marital status, sex, and status with reference to the Services. These data are shown in the following table.

	MEDICAL SCHOOL					Total
	Years					
Married	1st	2nd	3rd	4th		
Male	27	10	33	30		100
Female	0	2	0	0		2
Single						
Male	80	82	109	101		372
Female	6	10	0	0		16
Totals	113	104	142	131		490
Veterans	89	62	75	122		348
Non-Veterans	24	42	67	9		142
Totals	113	104	142	131		490

SCHOOL OF DENTAL MEDICINE

	SCHOOL OF DENTAL MEDICINE					Total
	Years					
Married	1st	2nd	3rd	4th		
Male	3	2	4	2		11
Female	0	0	0	0		0
Single						
Male	10	7	10	5		32
Female	0	0	0	0		0
Totals	13	9	14	7		43
Veterans	9	7	11	6		33
Non-Veterans	4	2	3	1		10
Totals	13	9	14	7		43

VETERANS' ADMINISTRATION

In previous issues of these Medical School Notes the program for realigning the Veterans' Administration Hospitals in

this area to conform with the pattern of educational institutions has been covered in some detail. The various men appointed to further this program at the West Roxbury Hospital have taken up their active work and that institution is now running at full tilt.

The Cushing General Hospital was turned over from the Army to the Veterans' Administration and opened on October 1. There was an appropriate ceremony at the hospital on Monday, September 30 to commemorate the transfer of the hospital from Army Service in the care of combat casualties to the Veterans' Administration for a long-term program of hospital service to the community.

The West Roxbury organization has been functioning since May under the general supervision of the joint Deans' Committee of Harvard, Boston University, and Tufts. The hospital has been given provisional recognition by the American Board of Surgery and has been visited by the American College of Surgeons preparatory to granting recognition. The House Staff is complete and all appointments have been made for the current year.

At the Cushing Hospital the appointments are not yet fully made, although many consultants have been appointed and many of the full-time and attending appointments have also been made. It is a tribute to the medical resources of this area that two such full and excellent staffs can be appointed from veterans in civilian hospitals without having any overlap whatsoever.

Henry H. Faxon, M.D., is Chief of Surgery at the Cushing Hospital and Maurice Strauss, Chief of the Medical Service. These are the two full-time clinical Chiefs of Service. Dr. F. Dennette Adams is Chief Consultant in Medicine and Dr. Marshall Bartlett, Chief Consultant in Surgery. Other consultants in the various specialties include Drs. Samuel Levine, in Cardiology, Eugene Eppinger in Cardi-

ology, Cannon Eley in Communicable Diseases, Walter Bauer in Arthritis, Hale Ham in Hematology. In Neuro-surgery, Dr. Duane is the full-time Clinical Chief and has as his Neuro-surgical Consultants Dr. Walter Wegner, Dr. Gilbert Horrax, Dr. Donald Munro, and Dr. James C. White.

Other appointments at the Cushing Hospital include Dr. Joseph P. Cohen as "Clinical Director"—a position designed to achieve liaison between the clinical chiefs and the administrative staff of the Veterans' Administration. Dr. Richard Dwight is full-time Assistant Chief of Surgery. The Assistant Chief in Medicine corresponding to Dr. Dwight is Dr. Leo Waitzkin. In Pathology Dr. Robert Fienberg is fulltime Chief.

There are many interesting aspects of this reorganization of the Veterans' Administration Hospitals. Not the least interesting is the very fact that such a reorganization can take place. It suggests that hospital and medical school administration in this country has reached the point where it is possible for a group of men to sit in conference and define the type of person, the type of background, and the type of atmosphere most conducive to good care of patients and good training of personnel.

This is a very fundamental advance in American medicine. Many of the large tax-supported hospitals in the cities of this country are suffering from professional and economic ills as profound as any that ever beleaguered the Veterans' Hospitals. It does not require much imagination to visualize what a change might be wrought in these large city and county hospitals, if they were to be taken over and operated at the professional level by a similar Deans' Committee composed of men from the outstanding medical schools in the area. The financing could continue to come from politically controlled sources as, indeed, it does in the case of Veterans' Administration. The professional status of

the hospitals would immediately be changed from "questionable" to "excellent."

SAN FRANCISCO

Something of a record was made at the Annual Dinner and Meeting of Alumni in San Francisco July 3, 1946. One hundred and seventy-eight alumni were present at the banquet which was held at the Bohemian Club. This is a mere handful compared to what the Council have in mind for the Annual Meeting to take place next summer at Atlantic City. The meeting was a very gay and happy occasion for those who were present. Many classes sat together, the largest representation being that of the Class of '26. President John H. Lawrence was our host. A short meeting was held at the close of the dinner and Earl D. Bond, '08, of Philadelphia, was elected President for 1946-47. The other officers elected were, for Vice-President, J. Dellinger Barney, '04; for Secretary-Editor, Edward Hamlin, Jr., '33; for Treasurer, Myles P. Baker, '28. The following new Councillors were elected by ballot: Theodore L. Badger, '26; Eugene C. Eppinger, '30; Joseph T. Wearn, '17. The alumni showed great preference for those elected men who came from outside Boston. There was no question that the efforts of the Officers and Council to make the Association more representative of its wide geographic distribution are very popular.

President Lawrence gave a report on the affairs of the Association and emphasized the achievements in research and medicine made during the war by various alumni. The alumni, at his request, stood in honor of the 26 graduates of Harvard Medical School who gave their lives during the war, and also in honor of Walter B. Cannon, who died on October 1, 1945.

Roger I. Lee spoke on the subject of good-fellowship among alumni. He reminded the group that before long women graduates would be present at alumni

meetings. Reginald Fitz, retiring Vice-President and Assistant to the Dean, gave a brief report on the progress of the Medical School. John F. Fulton entertained the alumni with a discussion of the life of Harvey Cushing, concerning whom he is preparing a book soon to be published. Through the kindness of the War Department, a recently released sound film of the explosions of the atomic bomb over Hiroshima and Nagasaki was shown.

The Committee on Arrangements had prepared attractively decorated programs and menus. Each man present was given a handsome red plastic ashtray with the insignia, "Harvard Medical Alumni Association Annual Banquet San Francisco, 1946." The Easterners present were much impressed with the thorough way Californians go about putting on reunion banquets. The last time we met in San Francisco (1943), the local alumni under William J. Kerr also organized the dinner in a thorough and memorable manner.

Possibly this efficiency and cordiality on the part of the Harvard Californians stem not only from their innate traits, but also from a knowledge of the fact that California has always been important in the Harvard Medical School and at the present time ranks number four in the list of states in which graduates of the Harvard Medical School are practising. The first six states with the number of Harvard Medical Alumni now in practice are as follows:

Massachusetts	1883
New York	495
Connecticut	230
California	228
Rhode Island	150
Pennsylvania	119
Ohio	110

Many who attended this dinner stated that for them it was the outstanding event of the AMA convention. We can look forward to the fact that this will continue to be true in future years.

REVIEW COURSE FOR MEDICAL OFFICERS

Last fall in these columns of the BULLETIN the plans for the then new Review Course for Medical Officers were described in some detail. This course, set up under a committee headed by Chester Jones, was to be placed in running order by Eugene Eppinger, the Assistant Dean in Charge of Courses for Graduates and was to continue on a "Merry-go round" or "Turntable" schedule, taking as many medical officers as it could, for a six months' ride through the pre-clinical sciences and their application to basic clinical problems.

This course has now been going its way since February 15, 1946, and has been greeted enthusiastically by all those students who have taken it and by many of the instructors who have taken part in it, all of whom have felt that it is a refreshing departure in the field of graduate courses and one realistically contrived to bring the medical officers back in touch with civilian medicine.

Between February 15 and September 15, 123 students were enrolled for the course. The first group graduated on the 15th of August; before graduation these men were given the usual type of examinations given to 4th year medical students, including a complete comprehensive oral examination. The idea behind this was to set up the course as having significant academic achievement as its goal and not simply a rambling encounter, portions of which could be neglected by the students if they wished. The one hundred and twenty-three students who have taken this course have come from a wide variety

of medical school backgrounds. The largest single group, 25 men in all, had their previous training at Harvard. Another 15 received their original degrees from Tufts, but for the remainder, most medical schools represented had, at the most, two or three graduates in the course. Columbia's College of Physicians and Surgeons had five graduates in the course; McGill University, four. The remainder were graduates of most of the major medical schools in this country, ranging geographically from Meharry Medical College to the University of California; and from the University of Texas to the University of Basle, Switzerland. Other foreign universities represented were the University of Witwatersrand, and the University of the Philippines.

The last class in the review course will be accepted to start on the 2nd of January, 1947 and will complete their course in the latter part of next June. The decision has not yet been made as to whether or not this course should be given again starting in October, 1947.

Much credit should accrue to the original committee which conceived the idea of this fundamental course, linking the pre-clinical sciences with clinical medicine, and more especially to Dr. Eppinger who made the plan a working and effective reality.

Editor's Note—These Medical School Notes, written by Francis D. Moore, '39, represent his final appearance as author of the *Notes*. Dr. Moore has contributed the *Notes* to each issue of the BULLETIN since joining the Editorial Board as Assistant Editor in the fall of 1943. As Dr. Heath turns the management of the BULLETIN over to Dr. Hamlin, Dr. Moore feels that he should likewise give to someone else the opportunity to enjoy this pleasurable contact with developments at the School.

Associated Harvard Clubs Meeting

June 1946

(A program was held at the Medical School at which the following addresses were made).

For the School of Public Health

Dr. E. G. HUBER, retiring Acting Dean and Professor of Public Health Practice.

After sailing for almost a quarter of a century along a course influenced greatly, if not actually directed, by that of the Medical School, the School of Public Health is about to undertake its own navigating.

This step is being taken only after careful consideration by members of both Faculties in the belief that the reorganization will benefit both Schools and particularly the School of Public Health. The fundamental principle involved is that although each School is to become an administrative entity, there is to be no change in professional coöperation. In fact, it is expected that this relationship will be even closer, for there should be no administrative misunderstandings to mar professional coöperation.

There are now eight accredited schools of public health in this country. That at Johns Hopkins University is a few years older than ours, and both are considerably older than the other six schools of public health. As a result of this, and for still other reasons, these two schools have operated with the same ideals in spite of the fact that they have differed quite widely from each other from an administrative standpoint. On the one hand, the Johns Hopkins School has always been completely independent, while the Harvard School was somewhat dependent on the Medical School. Both systems are believed by many of us to be wrong so we are changing our organization to conform to a plan

which we believe will operate much more smoothly.

The Harvard School of Public Health has always been an independent school theoretically, even though one dean, Dr. Edsall, administered both Schools during more than half of the existence of the young School. The School of Public Health was organized with the idea that in order to avoid duplication of activities, as many departments as possible should be joint departments with the Medical School. With this in mind, the building provided for the School of Public Health was large enough to house those departments only whose activities were fairly distinct from those of the Medical School, such as vital statistics, industrial hygiene, applied physiology, maternal and child health, and public health practice. The departments of parasitology, bacteriology, nutrition, communicable diseases, epidemiology and the library were jointly administered by the two Schools.

As should have been anticipated, this administrative arrangement resulted in an over-shadowing of the junior school by its very much older sister. Most of the members of the Faculty of Public Health have always been jointly appointed in both Schools, a paradoxical situation at best, since Corporation appointments are in the University and not in any one school. Most of the appointments in the School of Public Health were made from the standpoint of the Medical School rather than from that of the School of Public Health and therefore such appointees were primarily loyal to the Medical School. Two decades ago when public health was generally re-

garded as a specialty in medicine there was more reason for a close administrative association of the School of Public Health with the Medical School, but now that public health is a science (not an exact science, but a social science), and a profession in its own right, there is no reason why the School of Public Health should continue to be so overshadowed that it loses its identity. It should not, however, lose its close association with the Medical School, for the profession of medicine will always be the basis for the profession of public health.

Although our sister school at Johns Hopkins University has not faltered from its course of complete independence from the Medical School, Dean Simmons is not following this plan at the Harvard School of Public Health. We believe that there nevertheless will be a much closer co-operative effort between the members of the Faculties of Medicine and of Public Health than ever before, for all relationships should be entirely free from the possibility of administrative and budgetary misunderstandings. The members of both Faculties are colleagues in Harvard University.

Last year, in planning for the future it was obvious that in order to enable the School of Public Health to assume its rightful position in the field of professional education in public health, several important conditions must be fulfilled.

1. An additional endowment must be obtained.

2. A competent Dean with great prestige and unquestioned leadership in the public health field must be found.

3. Additional space must be obtained so that the School of Public Health can conduct all its activities under its own roof.

4. An adequate and competent Faculty must be obtained.

5. The curriculum must be revised and broadened to keep up with progress in the public health field.

President Conant decided to take steps to fulfill these conditions and thus to build up a School of Public Health which is worthy of all the traditions of Harvard University. His first step was to obtain the necessary funds. The accomplishment of this objective was announced in January 1946. The International Health Division of The Rockefeller Foundation made a most generous grant of a million dollars over the next ten years. Endowment funds of three quarters of a million dollars were allocated to the School by the University, which also made available the Huntington Memorial Building.

President Conant's next step was to appoint as Dean, Brigadier General James S. Simmons, Chief of the Service of Preventive Medicine, Office of The Surgeon General of the Army, an appointment which fulfilled every requirement and which was received with unanimous approval.

The two final conditions to be fulfilled, those of obtaining a Faculty and of revising and broadening the curriculum, are now in process of achievement. When they have been accomplished the School of Public Health, we are confident, will take a leading position in the field of professional education in public health.

I should like to emphasize, as much as I can in this brief sketch of the current metamorphosis of the School of Public Health, that while the chief objective of the reorganized School is to establish its own identity, it proposes to accomplish this not through professional isolation but with the most cordial co-operative effort of the two Faculties. We believe that this can now be more fully achieved by the members of each Faculty than under the former administrative arrangement.

And, finally, I should like to bespeak for Dean Simmons a continuation of the very cordial and understanding support which the alumni and alumnae of the two Schools have given me during my four-year tenure as Acting Dean.

For the School of Dental Medicine

DR. A. L. JOHNSON, Administrative Officer and Professor of Clinical Dentistry.

The School of Dental Medicine is another Harvard Experiment. As you know, when any departure from long established order in educational procedure is put into effect, it first passes through an emotional crisis. This crisis hit us with a vengeance. The history of organized dentistry and the skeptical attitude of many in the medical profession toward dentistry made the controversy of the first two years of the School's existence inevitable. And it still lingers on in some quarters. At the alumni meeting of the old Dental School held in the Dental building last April, a man was heard to ask when looking into one of the new research laboratories, "What has all this glass-ware to do with dentistry?" But there has been constructive criticism which has helped to define the basic issues at stake and served to emphasize the need of a university school of dental medicine. Now that the period of fear, i.e., the emotional period, is giving way to a more intelligent, rational consideration of the place the School is designed to fill in medical education, support is rapidly increasing. Some of you may know that Columbia has recently followed suit.

Since becoming President, Mr. Conant has been consistently working to break down the partitions which have hindered the coöperation between related fields of study wherever conditions of administration would permit. Thus bringing the dental school into closer relation with the medical school was a natural expression of his philosophy. As it stands today, the school is, in a sense, a hybrid institution, i.e., it is a combination of education and training. Opportunities for self-development are available; drill in technical procedures required by law are necessary. Suitable student material for education is extremely rare; suitable student material

for training is plentiful. The future will see increased emphasis on the *why* rather than on the *how*.

The question commonly raised by dentists satisfied with the status quo is, "What are your graduates going to do? They will still be D.M.D.'s like the rest of us." Obviously this question is based on the assumption that our students will not be adequately trained in dental techniques. The fact is, however, that under the present program of individual instruction and the delegation of more of the mechanical processing of prosthetic appliances to the laboratory technician, (the very thing that those who raise the question are doing in their own practice today), our graduates will have had more clinical experience than heretofore. Yes, they will have the same degree as our critics. All M.D.'s are equal before the law; but it has been my observation that there is a difference in the qualifications of individual physicians to meet their problems; and it is safe to assume, I think, that this difference is due in part, at least to educational experience.

Entering classes to the School of Dental Medicine are limited to fifteen students. The entrance requirements are the same as for the Medical School; and the first two years of study are identical. During these years of preclinical study, medical and dental students constitute one class with one standard of scholarship. As dentistry is a constituent part of the general field of medicine, we believe that the dentist of the future should have an experience in the basic medical sciences equal to that of other specialists in medicine.

The third and fourth years are devoted to clinical dentistry at the dental building and hospitals. Clinical experience is supplemented by class work in dental pathology, nutrition, endocrinology, and seminars in the biological sciences.

Upon the successful completion of four academic years work, the D.M.D. degree will be awarded. A graduate in dental medicine may reenter the Medical School

and in approximately twelve months become a candidate for the M.D. degree. By action of the Faculty of Medicine, it is not possible for a student to transfer to the Medical School at the end of the first two years.

In addition to the medical requirements of the first two years, the following modifications in the dental educational program have been made:

1. Seminars and demonstrations have replaced the conventional type of lecture.
2. Subject matter has been eliminated that has not stood the test of time. The conventional curriculum is loaded with material which has its foundation only in personal opinion and tradition. Much of it possesses no scientific, intellectual or utilitarian value.
3. Drill in bench techniques has been reduced to a minimum.
4. Emphasis is placed on the unknown and the challenge it presents.
5. A substantial part of the School's budget goes to the research laboratories. They are adequately equipped and ably staffed.
6. The small class with a small student-instructor ratio makes individual instruction possible. Progress in the clinical field depends solely on the individual ability. Class grouping is reduced to a minimum.
7. Emphasis has been placed on the dental problems of childhood and adolescence. This is the time of life when a large part of dental disease has its beginning. If ever we are to control and prevent dental caries and acclusal anomalies, it must be done at this time. This is the major field of dentistry.

The objective of the School of Dental Medicine is to encourage the development of clinical scientists and research interests in the field of dentistry. The interest and generous support of the President and Fellows of Harvard College and the coöperative spirit of the Faculty of Medicine

should leave no doubt in the minds of anyone that dental education at Harvard is no longer a step-child of the University.

For the Medical School

DR. A. B. HASTINGS, Hamilton Kuhn Professor of Biological Chemistry.

This year has been a period of readjustment both for the students and the faculty of the Medical School. The war brought numerous problems of both education and research which were met as best they could as they came along.

In spite of the accelerated program for the students and depleted teaching staffs, the formal curriculum was not materially curtailed. What was lost from the Medical School scene was the opportunity for reflection, and particularly periods during which students could supplement their formal instruction with review, practical work, research, or if it were preferred, just fishing. The usual meal was provided—but the digestion and absorption was incomplete. We are now decelerated and ready to embark upon a revised curriculum which will provide the students with greater and earlier contact with patients and more effective correlation of clinical and preclinical subjects.

The best evidence I can give you that we are making some progress toward reconversion in research is that the padlocks, which protected the secrets of our laboratories during the war, have at long last been removed. We can now begin to worry about classifications of research in terms of merit, instead of in terms of open, restricted, or confidential. The laboratory doors are literally and figuratively open again—and we are worrying about our research in terms of how it will advance medical knowledge, rather than how fast we can get a specific answer to a practical medical problem of military importance.

The latter theme was the order of the day at the Medical School for the last four years. Harvard scientists made many significant contributions toward the solution of problems arising out of the war. You have seen and heard the fruits of some of this work this morning.

Let me enumerate the subjects on which they worked: Shock, blood preservation, blood typing, plasma fractionation (with its many new products of clinical significance), neurosurgery, neurocirculatory asthenia, dysentery, streptococcus infections, tetanus toxoid, all aspects of the malaria program (including synthesis and testing of new compounds and cultivation *in vitro* of the malaria parasite for the first time), prevention of infection in wounds and burns, factors affecting convalescence, anoxia, and development of masks for oxygen administration at high altitude, physiological adaptation to hot and cold climates, nutritional requirements under abnormal stress, problems of vision and hearing, determination of the water requirements of castaways, the study of chemical warfare agents and how to combat them, study of insecticides, the clinical evaluation of penicillin, and the study of its chemistry. This list gives some conception of the many ways in which research by the Faculty assisted in the solution of problems requested by the Armed Forces. Though the problems had practical objectives, in many instances new leads of basic importance were uncovered, and will be followed up as peacetime research activities.

One of the fields of basic research which is to be expanded at the Medical School is the use of radioactive and stable isotopes in the study of biological and medical problems. There has recently been established a Committee on Medical Research in Biophysics. Under this Committee will be a small group experienced in the production, measurement, and application to biological material of isotopes—both stable and radioactive. The work

of this group will be centralized in laboratories at the Medical School, and they will have the responsibility for the special equipment required in such work. They will have their own research problems as well as be available for collaboration with members of the Faculty whose work requires the use of isotopes or involves the use of special physical techniques.

There are two principal ways in which isotopes will be of undoubted importance to medical knowledge in the immediate future—one is the opportunity that they give to mark a compound and trace its progress through the body, just as one bands birds to study their migration; the other is the unknown effect that hitherto unavailable radioactive isotopes may have on abnormal cells in the body.

The following list gives an idea of the medical problems in which isotopes are being used, or in which their use is contemplated in the immediate future.

1. Use of radioactive iodine to study thyroid metabolism and disease. (Going on under Dr. Means at the Massachusetts General Hospital.)
2. Radioactive sodium and potassium and heavy hydrogen to study water and electrolytes in cells, tissues and the whole body. (Going on under Dr. Cope and Dr. Moore at the Massachusetts General Hospital.)
3. Radioactive gases to study respiration and circulation. (To be undertaken by Dr. Landis in Physiology.)
4. Radioactive sulfur to study fate of special chemicals. (Going on under Dr. Moritz of the Department of Legal Medicine.)
5. Radioactive iron to study preservation of red cells and hemoglobin metabolism. (Conducted under Dr. Gibson during the war.)
6. Radioactive and heavy carbon to study the metabolism of carbohydrates and proteins. (Conducted in the Department of Biological Chemistry.)
7. Isotopic carbon to study fate of

drugs. (To be undertaken by Dr. Krayer of the Department of Pharmacology.)

8. Radioactive phosphorus and other isotopes in the study of pathological states and the treatment of cancer. (Going on under Dr. Shields Warren and Dr. Joseph Aub.)

I should next like to note another trend of the times—namely, that the rather firm and resistant walls which had developed around individual scientific disciplines are being torn down. This was a tendency apparent before the war, but the necessities of coördinated war research accelerated the process. For example—the malaria research program required the close collaboration of organic and physical chemists, biochemists, biologists, pharmacologists, parasitologists, and clinicians; the wound healing program required physicists, physiologists, biochemists, bacteriologists, pathologists, clinicians, and surgeons. All those involved learned much from such collaborative research, and their individual contributions were enriched thereby. This is one product of wartime research which, it is hoped, will be continued in the postwar era, and, indeed, is already being applied to cancer research.

This breaking down of the confines of scientific disciplines has now extended beyond research programs. Conscious efforts are being made to extend this integration to teaching activities as well. As an example, I might cite what Professor Landis and I are doing in Physiology and Biochemistry. The subjects of respiratory physiology, the transport of oxygen and carbon dioxide, and the control of the acid-base balance of the body are being taught neither as Physiology nor Biochemistry subjects, but as a joint enterprise in which we both participate. This is proving to be a very successful experiment in interdepartmental educational cooperation.

We, of the preclinical departments, are also continuing to provide the students

with pertinent clinical applications of their basic information whenever that can profitably be done, and it is planned to carry the application of preclinical subjects more effectively into the work of the clinical years. Close collaboration in teaching and research will be continued among the Schools of Medicine, Dental Medicine, and Public Health.

There is one aspect of the Medical situation at present which is a cause of considerable concern—namely, the dearth of young men in the basic medical sciences, such as physiology, pharmacology, bacteriology, pathology, and biochemistry. During the war, no provision was made in this country for the training of men in these basic disciplines. We now find ourselves with our capital used up and no prospect of replenishing this capital for some years to come. To make matters worse, industry provides such attractive financial remuneration for young scientists that the supply of teachers, as well as of prospective students, is very limited. What is sorely needed is a number of fellowships which will permit qualified students to pursue postgraduate work in the basic medical sciences as well as in the clinical sciences. The Medical School has succeeded in providing a few such fellowships, but more are needed.

In closing, may I call your attention to one other development at the Schools of Medicine and Public Health. This is the establishment of the Harvard University Monographs in Medicine and Public Health, published by the Harvard University Press. To date, eight volumes covering a wide range of medical subjects have been published.

If I could summarize my accelerated and abbreviated account of the trends in teaching and research at the Harvard Medical School, it would be:

1. That students and faculty survived the trauma of the war without serious injury, other than that attributable to fatigue.
2. That the research activities of the

School have not been curtailed as a result of the war and, indeed, in some areas were augmented—and that plans to prosecute research along new lines are well advanced and

3. That the artificial barriers which separated premedical, preclinical, and clinical subjects from one another are being broken down to the benefit of both teaching and research.

DR. E. D. CHURCHILL, John Homans
Professor of Surgery.

My few remarks will be confined to a partial analysis of certain forces that are having an effect on medical education in clinical subjects. These are powerful forces that mold and shape education and they are not to be dismissed by the finding of a ready solution, or rendered ineffective by ignoring their existence.

First, let us consider the *fragmentation* of Medicine by specialization. Much has been said and written both to decry and to acclaim this trend. I believe it is helpful to define specialization by the recognition of two categories,

(a) Acquisition of skill in the application of techniques already standardized.

(b) Concentration in a field in which new techniques may be applied or principles discovered that are applicable when carried beyond the field.

A distinction can then be drawn between *specialization* in a technical field and *concentration* in a circumscribed area of learning. The difference lies in the tendency of a technical specialist to exclude all other subjects from his interest and study. The concentrator seeks to maintain an active curiosity and interest concerning all techniques that might be useful in his area of concentration, and views his work in proper perspective with science as a whole.

In this sense, students may be encouraged to *concentrate* but not to *specialize*. It must have been in this sense that Whitehead said, "In education wherever you ex-

clude specialism you destroy life." Specialism in the narrow technical sense can flourish only in a trade school of applied techniques. We have long passed the point in undergraduate medical education at which students were drilled in established techniques beyond the few basic needs required for the approach to a sick human being—history taking, physical examination, and a familiarity with laboratory mensuraton.

A second force bearing on medical education is the *extension of the post-graduate phase*, and by post-graduate I mean the period spent in a hospital after the M.D. degree.

The impact on medical education of this extension of post-graduate hospital training is not yet fully appreciated. This may partly be attributed to the fact that our instructors in the natural and applied sciences, who largely shape the undergraduate curriculum, may not be fully aware of what is happening. Actually, the universities have, in a short space of time, lost control of, or influence only indirectly, about one-half of the time that the student of medicine is devoting to his education. This time has been requisitioned by hospitals, more often than not institutions with little interest and slight experience in education. It is perhaps significant that this phase is commonly referred to as *training*, not as education. In fact, this long period of hospital service oftentimes is spent in the purest type of technical specialism—dedicated only to the acquirement of useful techniques as a by-product of the care of the patient.

The need for additional hands in the growing complexities of the care of illness is closely linked with the increasing demand that the young doctor acquire the hallmark of a certifying board by prolonged institutional training. Certifying boards have established themselves in each sub-specialty. These boards have fallen into the trap, obvious to every educator, of examining the student but not the school

that has produced him. Now, there are obvious merits to any plan that requires a young specialist who desires to wield the dangerous tools of modern surgery and medicine, to acquire skill in their use during a period of supervised practice. There are many inherent dangers, however, that stem from the fact that these years are not being shaped by educational institutions. *They are being shaped in hospitals by the exigent demands of the care of the sick.* The nation is facing a rise of proprietary schools of post-graduate training. Proprietary schools have been defined as "privately founded corporations of groups of physicians and surgeons who organize courses without a well-conceived educational plan." (Zinsser) It seems clear that an Abraham Flexner will find cause to report on the deplorable scandals of this phase of medical education, probably by 1956 at the latest.

The number of years added to the educational period by the extension of graduate training is truly alarming. President Lowell and President Conant have warned the medical profession that undue prolongation of formal and regimented medical education will inevitably divert men with high intellectual attainments into other fields.

Professor Whitehead presents the "key fact in education, and the reason for most of its difficulties" as follows: "Necessary technical excellence can only be acquired by a training which is apt to damage those energies of mind which should direct the technical skill."

This is a complex problem, and I cannot believe it is to be solved by adding still another year to the post-graduate period for a didactic review of what is called "basic science." Perhaps we must wait for the Flexner report of 1956 to stir the profession and our universities into action.

This brings me to a third force molding medical education—*the necessity for the maintenance of a functional liaison between medicine and the natural sciences.*

Hans Zinsser has told the story of the flowering of "the coöperative teamwork of the clinician with the applied sciences, bacteriology and pathology and with fundamental chemistry and physics" which he characterized as "the heart and soul of medicine today." Yet, as he was writing in 1939, the bacteriostatic properties of penicillin had been recorded and forgotten ten years previously. DDT, destined to check the spread of typhus, had been synthesized in 1874, but its use was limited to small-scale experiments on the control of agricultural pests. Without the intense stimulus that World War II gave to the application of science to human needs, how much longer would these discoveries have remained undeveloped? Time-lags of this magnitude are truly deplorable. Is there no "moral equivalent of war," in the words of William James, that can abolish them?

We are glad, with Zinsser, to acclaim chemistry and physics as the heart and soul of modern medicine—but they need the eyes of the physician and the hands of the surgeon at the bedside to unite them into medical science. The intellect that is to guide these hands must not have been damaged by a prolonged period devoted solely to the acquirement of technical skills, nor can the eyesight be so dim that a discovery such as penicillin is overlooked.

Douglas Guthrie (The Lancet, March 23, 1946) warns that "the patient usually prefers a doctor whose mental activity is entirely medical or at least appears to be so," and refers to the story told by Sir Henry Holland of a "leading statesman of the time who was reproached by his friends for employing a doctor of very mediocre attainment. He replied that Dr. X was so ignorant of everything else that he could not be otherwise than profound in medicine."

"There may be some truth in such a remark," Guthrie admits, "and yet, the physician's knowledge should surely extend beyond his physic." Let us leave to

one side the deficiency of the doctor as regards public affairs and broad cultural topics. He is roundly belabored about this from all sides. But the physician must for his own protection be conversant in the language of the natural scientist. Any day now some enterprising pharmaceutical house may advertise "Isotopin" as a specific remedy for the symptoms of the menopause—there will be a large sale.

In addition to the language requirements that must be extended to all doctors who wish to be as well educated in science as their patients, there must be continuing recruitment of a group of clinicians possessing expert knowledge of the tools that are being forged by the natural scientists, even though this knowledge need not include proficiency in the methods by which the tools have been shaped. These clin-

icians must possess an active imagination that can envision the application of these tools to the diagnosis and treatment of human ailments. In addition, they must maintain a well-balanced critical judgment that can measure the accuracy of the result.

It is interesting in studying forces to note the resultant of several components. Complacent acceptance of specialism in established techniques, furthered by prolonged hospital training at the proprietary level, can lead only to separation of medicine from the natural sciences. In contrast, concentration of study in a field, with a cautious extension of the educational period on a sound educational basis, can lead to that further flowering of medical science so ardently hoped for by the world.



Edward Godfrey Huber

May 30, 1882 - July 23, 1946



Edward Godfrey Huber, A.B., M.D., Dr.P.H., Professor of Public Health Practice, died at Boston, Massachusetts, July 23, 1946, in the sixty-fifth year of his life.

Dr. Huber was born in Menomonie, Wisconsin, May 30, 1882. He received the Bachelor of Arts degree from the University of Michigan in 1903, and the same University granted the Doctorate in Medicine in 1905. Commissioned as First Lieutenant in the Medical Corps of the United States Army in 1908, he completed with honors the course in military medicine at the Army Medical School. In the years that followed he advanced through the several grades of service to that of Colonel, Medical Corps, in 1934.

His first military assignments were in this country and in the Philippines. Dur-

ing the First World War he commanded the Hospital Center at Perigueux, France, and later General Hospital No. 41, Staten Island. An assignment as commanding officer of the Laboratory Service at the Letterman General Hospital in San Francisco gave opportunity for developing his well formed interests in public health; and when he was detailed to the First Corps Area at Boston in 1923, he entered the second class to attend the new Harvard School of Public Health. Subsequently he was appointed Assistant in Vital Statistics and completed a study on Communicable Diseases in Massachusetts over a period of 75 years, a work which continues to serve as a standard reference. He was awarded the Doctorate in Public Health in 1925. His career thereafter gives evidence of the extent to which his natural flare for administration was reinforced by a developing command of the statistical and analytical method. The Wellcome Prize and Medal was awarded his study of the physical disabilities of drafted men and volunteers of the World War, as they related to improved hygienic measures for school children of the United States. His manual on the Administration of Army General Hospitals became the accepted standard.

Dr. Huber retired from the Army in 1935 to follow a career in public health. This was a natural consequence of his expanding interests, his long administrative experience and the expertness he had acquired in the technical knowledge of public health. He became Epidemiologist in the Division of Tuberculosis of the Massachusetts Department of Public Health. Within a year he was Assistant Director of the Division of Administration, a position which brought into full play the administrative capabilities he

possessed in such fine degree. He integrated the work of the various Divisions into a simple and clear administrative scheme. When he became Director of the Orthopedic Unit in charge of the Services for Crippled Children, and still later Chief of the Bureau of Health Information, Dr. Huber continued to serve as Consultant in matters of general administration within the Massachusetts Department of Health. His influence extended, indeed, beyond health matters alone; to an extent that he, a physician, participated for many years in the councils of state officials as they considered the broadest problems of method and procedure in public administration.

From his days as a student Dr. Huber maintained a continuing interest in education in Public Health. He was active in the organization of Delta Omega, the National Honor Society of Public Health, and served as National President from 1929 to 1930. Dr. Huber resumed his former association with the Faculty of the School of Public Health promptly on his return to Massachusetts in 1935; first as Instructor in Epidemiology and soon as Instructor in Preventive Medicine in the Medical School. In 1937 he was appointed Associate in Public Health Administration, and eventually Professor of Public Health Practice, February 1, 1946.

No contribution that Edward Huber made to the School of Public Health exceeds that of the direction of affairs during

the war years. After having served since 1937 as Assistant Dean, Dr. Huber was unexpectedly called upon to undertake the full responsibilities of an Acting Dean in 1942. He was confronted with the varied difficulties of the war years—a depleted faculty, a strikingly altered student body, the diversion of interest from educational affairs and the limited supplies of material necessities. He maintained activities at a high level, and more important, had the vision and the energy to plan post-war developments. With the approval of the President of the University and of the Board of Overseers he was principally instrumental in substituting an autonomy of the School of Public Health, comparable to that of other Schools of the University, for the previously existing close integration of the Schools of Public Health and Medicine.

Edward Huber was a sympathetic and progressive teacher, a distinguished and forceful administrator. He was an indefatigable worker and a clear thinker. His diversified knowledge of public health enabled him to define objectives clearly; and once objectives were defined, he was not easily diverted from their attainment. Throughout his military and civilian life his accomplishments were marked by a singular unselfishness and by a sustained devotion to duty.

JOHN E. GORDON,
FREDERICK F. RUSSELL.

War Research

To the Editor of the BULLETIN:

The Harvard Medical School and its alumni may justly feel proud of the contributions of those members of the Faculty who were seriously engaged during the War in research for the benefit of our Armed Forces. The Committee on Medical Research, Office of Scientific Research and Development, Washington, has authorized the release of information concerning certain of its activities. The following list of Harvard Medical School investigators and of their investigations completed under such auspices can now be made public. This list gives only a restricted view of how wide were the School's interests in advancing the knowledge of military medicine during the War and to what extent our resources were utilized for this purpose.

C. SIDNEY BURWELL, Dean.

Ball, E. G. and Geiman, W. M.: Studies on the development of technics for the cultivation of malaria parasites *in vitro* and on the biochemistry of these parasites.

Beecher, H. K.: Studies on the relation of anesthesia to surgical shock.

Blodgett, J. B. and Cutler, E. C.: Studies on the development of artificial limbs superior to those in ordinary use.

Cobb, S. and Morrison, L. R.: Studies on the histologic changes in nerve cells during anoxia.

Cogan, D. C.: Studies on the mode of action of mustard gas in the eye.

Cohn, E. J. and Associates: Studies concerned with the blood plasma fractionation program.

Cope, Oliver and Associates: Studies on severe burns and their physiologic and biochemical effects; and on the possibilities and limitation of penicillin in controlling infections as a complication of lung surgery.

Davis, Hallowell: Studies of the effect on

military personnel of chronic exposure to loud sounds.

Denny-Brown, D. E. and Munro, Donald: Studies on the effect of severe head injury; and on the influence of pressure and of cold injury upon nerve function.

Dexter, Lewis: Studies on the possible use of hypertensin as a therapeutic agent in shock.

Diamond, L. K.: Studies to increase the safety and efficacy of blood transfusions.

Dubos, R. J. and Treffers, H. P.: Studies in immunochemistry on the antigen of dysentery bacilli.

Favour, C. B.: Studies on the development of an effective preservative for biologic products.

Fine, Jacob: Studies on the hemodynamics of traumatic shock.

Gibbs, F. A.: Studies on the relation of electroencephalographic patterns to personality characteristics in candidates for flying training.

Landis, E. M.: Studies on the physiologic effects of high-speed aerial manoeuvres.

Lennox, W. G.: Studies on certain relationships between brain metabolism and brain function in relation to high altitude flying.

Lund, C. C. and Associates: Studies on the morbid physiologic changes after severe burns.

Menkin, Valy: Studies on the chemical factors concerned in the process of inflammation.

Moritz, A. R.: Studies on the effect of the inhalation of cold air upon the lungs and air passages.

Mueller, J. H.: Studies on the production of protective substances against tetanus; and on the growth requirements of the gonococcus.

Stare, F. J.: Studies on the effect of atabrine on nutritional requirements; and on the relation between dietary deficiencies and susceptibility to malaria.

Taylor, F. H. L.: Studies on the stability of plasma under various conditions of preservation.

Thorn, G. W.: Studies on the role of the adrenal cortex in the development of anoxia at high altitudes.

ASSOCIATION OFFICERS

EARL D. BOND, *President*
 J. DELLINGER BARNEY, *Vice President*
 EDWARD HAMLIN, JR., *Secretary*
 MYLES P. BAKER, *Treasurer*

COUNCILLORS

Eugene C. Eppinger	Francis M. Ingersoll
Theodore L. Badger	Tom D. Spies
Joseph T. Wearn	Lewis Dexter
J. Howard Means	Nathan B. Talbot

EDITOR

Edward Hamlin, Jr.

EDITORIAL BOARD

Joseph Garland	
Wyman Richardson	Robert N. Nye

Mrs. K. B. Wilson, Executive Secretary
 Harvard Medical School
 Boston, Mass.

Clark Wright Heath,

Editor and Secretary 1937-1946

The task of being Editor of a periodical and Secretary of a society, each with medical affiliations, is likely to be an arduous one. Yet some people—the Heaths of the medical profession, for example—appear to flourish under it.

Up to 1937, when Clark Heath agreed to occupy such a precarious settee, each issue of the BULLETIN was only about sixteen pages long, on the whole was of no great interest and was almost entirely lacking in sparkle. The Annual Meeting of the Association was never well attended and consisted of a perfunctory luncheon in Boston. The Association appealed only to a few who contributed their mite each year to defray expenses; little spending money for other purposes was ever available.

Clark Heath was an admirable choice to catalyse two such stagnant bodies into activity. He soon proved to have a rare talent for getting things done quickly and unassumingly.

Under his guidance the BULLETIN has doubled in size and has grown in interest

by geometrical progression. Now one reads in every issue at least one well-written article of general interest; one obtains news of the School told chattily; there is likely to be an impartial review of some current book; and there regularly appear news items about one's friends—obituaries if need be, or more happy bits about marriages and embryonic additions to the Medical School family, or notes about the ever increasing number of academic chairs in the medical schools of the country being upholstered in crimson.

The Annual Meeting has grown into a dinner-party worth attending, held wherever the American Medical Association meets. Men of every age assemble, from all parts of the country, diversified in their interests but bound together by a crimson thread which seems to grow stronger with time. Here one is likely to see a galaxy of associates and to hear medical school episodes related which may go back to the days of Oliver Wendell Holmes or forward to the most recent scientific prize captured by one of the members. A man feels a sense of pride in belonging to such a fellowship and realizes that it is enduring and significant.

The funds of the Association have increased so that now every alumnus who wishes can add strength to the School by a small donation. This is placed in a common pool which in every recent year has grown to significant proportions. Money that can be spent for any useful purpose that may develop is always a valuable asset. Through its generosity, the Alumni Association is now able to help the School; it has become a positive force of appreciable authority.

Clark Heath has brought about these things in an apparently effortless manner. The BULLETIN and the Medical Alumni Association will always be grateful to him. He injected them with liveliness, enthusiasm and imagination at a time in their history when such manifestations of youth and vigor seemed almost forgotten.

